

2002 UNIFORM BUSINESS REPORT (UBR)

08-26-2002 90050 037 ***150.00

DOCUMENT # P01000012906

1. Entity Name
JAMES ANDREW SANDS IV, P.A.

FILED

02 SEP 13 AM 9:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

B01352641

Principal Place of Business
1306 SOUTHEAST 17TH STREET CAUSEWAY
FORT LAUDERDALE FL 33316

Mailing Address
POST OFFICE BOX 030550
FORT LAUDERDALE FL 33303-0550

2. Principal Place of Business
501 SOUTHEAST 12TH STREET

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

FORT LAUDERDALE, FLORIDA

Zip
33316

Country
U.S.A.

Zip

Country

4. FEI Number
65-107 4011

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SPIEGEL & UTRERA, P.A.
343 ALMERIA AVENUE
CORAL GABLES FL 33134

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS \$550.00
After September 13, 2002 Fee will be \$750.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PSTD
SANDS, JAMES A IV
1306 SOUTHEAST 17TH STREET CAUSEWAY
FORT LAUDERDALE FL 33316 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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☐ Change ☐ Addition

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *James A. IV Sands*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: *June 7, 2002* 954-832-9890
Daytime Phone #

CR2E034 (4/02)

JAMES ANDREW SANDS ^{2nd} IN P.A.
P.O. BOX 030550
FORT LAUD. FL. 33303-0550
954. 832. 9090

DIV. OF CORP.
P.O. BOX 6327
TALLAHASSEE, FL. 32314
DEPARTMENT MANAGER,

PLEASE BE ADVISED THE UNIFORM
BUSINESS REPORT FOR JAMES
ANDREW SANDS IN P.A. NEEDS TO
BE FILED FOR THE \$150⁰⁰ FEE
SINCE THE FIRST NOTICE WAS
NEVER RECEIVED BY THIS BUSINESS.
THANK YOU AGAIN FOR YOUR
HELP WITH THIS MICHELLE.

(James Sands)

ATT. MICHELLE
